

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007240846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008037579 FLE	
5. Generator's Name and Mailing Address Clean Harbors Kansas, LLC 2549 North New York Street Wichita, KS 67219 Generator's Phone: (316) 269-7466			Generator's Site Address (if different than mailing address) SAME			
6. Transporter 1 Company Name US Bulk Transportation Inc			U.S. EPA ID Number PA0987347565			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wynoke, OK 73860 Facility's Phone: (580) 697-3500			U.S. EPA ID Number OKD0009438370			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), R, PG III	1	BT	EST 16	Y
	2.					
	3.					
14. Special Handling Instructions and Additional Information 1. CH801502X05 ERG0171 TR# 351 TL# 351-A						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Jim Tyson		Signature <i>Jim Tyson</i>		Month 2	Day 5	Year 15
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Derek Huett		Signature <i>Derek Huett</i>		Month 2	Day 5	Year 15
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H132		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month	Day	Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008037579 FLE								
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219				Generator's Site Address (if different than mailing address) SAME									
Generator's Phone: (316) 289-7400													
6. Transporter 1 Company Name U.S. Bulk Transportation Inc				U.S. EPA ID Number PA09873475LS									
7. Transporter 2 Company Name				U.S. EPA ID Number									
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40305 S County Road 238 Wavoka, OK 73860				U.S. EPA ID Number OKD008438376									
Facility's Phone: (580) 697-3500													
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes						
			No.	Type									
	x	1. HA3077. HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	BT	EST 16	Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">F001</td> <td style="width:33%;">F002</td> <td style="width:33%;">F003</td> </tr> <tr> <td>F004</td> <td>F005</td> <td></td> </tr> </table>	F001	F002	F003	F004	F005	
	F001	F002	F003										
	F004	F005											
	2.												
	3.												
	4.												
14. Special Handling Instructions and Additional Information 1. CH821502X08 ERG#171 TR# 351 TL# 351-A													
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
Generator's/Offor's Printed/Typed Name Jim Tyson													
Signature Jim Tyson													
Month Day Year 2 5 15													
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____												
	Transporter signature (for exports only): _____												
	17. Transporter Acknowledgment of Receipt of Materials												
	Transporter 1 Printed/Typed Name Derek Pruett												
	Signature Derek Pruett												
	Month Day Year 2 5 15												
	Transporter 2 Printed/Typed Name												
	Signature												
	Month Day Year												
DESIGNATED FACILITY	18. Discrepancy												
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection												
	Manifest Reference Number: _____												
	18b. Alternate Facility (or Generator) U.S. EPA ID Number												
	Facility's Phone: _____												
	18c. Signature of Alternate Facility (or Generator) Month Day Year												
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
	1. H132		2.		3.		4.						
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
	Printed/Typed Name Tracy Adair												
	Signature Tracy Adair												
	Month Day Year 2 5 15												